

BEST AVAILABLE COPY

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	✓	✓									
2	✓	✓	✓									
3	✓	✓	✓									
4	✓	✓	✓									
5	✓	✓	✓									
6	✓	✓	✓									
7	✓	✓	✓									
8	✓	✓	✓									
9	✓	✓	✓									
10	✓	✓	✓									
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49	✓	✓	✓									
50	✓	✓	✓									
TOTAL IND.	14	30										
TOTAL DEP.	31	12										
TOTAL CLAIMS	45											
51												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS